B22C (Official Form 22C) (Chapter 13) (01/08)

Antonio D. Robinson		According to the calculations required by this statement:
In re	Rene L. Robinson	■ The applicable commitment period is 3 years.
	Debtor(s)	☐ The applicable commitment period is 5 years.
Case Number:		— ☐ Disposable income is determined under § 1325(b)(3).
	(If known)	■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. REPORT OF INCOME				
1	Marital/filing status. Check the box that applies and complete the balance of this part of this state a. □ Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. ■ Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income")				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income		Column B Spouse's Income	
2	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	5,117.26	\$	798.22
3	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.				
	Debtor Spouse				
	a.Gross receipts\$0.00\$0.00b.Ordinary and necessary business expenses\$0.00\$0.00				
	c. Business income Subtract Line b from Line a	\$	0.00	\$	0.00
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse a. Gross receipts \$ 0.00 \$ 0.00 b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00				
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$	0.00
5	Interest, dividends, and royalties.	\$	0.00	\$	0.00
6	Pension and retirement income.	\$	0.00	\$	0.00
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.	\$	0.00	\$	0.00
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00

9	on a separate page. Total and enter on Line 9. Do not include alim maintenance payments paid by your spouse, but include all other separate maintenance. Do not include any benefits received under	me from all other sources. Specify source and amount. If necessary, list additional sources separate page. Total and enter on Line 9. Do not include alimony or separate attenance payments paid by your spouse, but include all other payments of alimony or rate maintenance. Do not include any benefits received under the Social Security Act or nents received as a victim of a war crime, crime against humanity, or as a victim of national or domestic terrorism.						
	Debtor	Spouse						
	a.	\$ \$						
	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is com	1.7		\$ 0.0	00 \$	0.00		
10	in Column B. Enter the total(s).	\$ 5,117.2	26 \$	798.22				
11	Total. If Column B has been completed, add Line 10, Column A to the total. If Column B has not been completed, enter the amount from			\$		5,915.48		
	Part II. CALCULATION OF § 1325(t)(4) COMMITM	IENT P	ERIOD				
12	Enter the amount from Line 11				\$	5,915.48		
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.							
	a. \$ b. \$							
	[c. \$							
	Total and enter on Line 13				\$	0.00		
14	Subtract Line 13 from Line 12 and enter the result.	\$	5,915.48					
15	Annualized current monthly income for § 1325(b)(4). Multiply the enter the result.	\$	70,985.76					
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
	a. Enter debtor's state of residence: MI b. Enter	debtor's household si	ize:	7	\$	95,358.00		
	Application of § 1325(b)(4). Check the applicable box and proceed	as directed.						
17	 ■ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. □ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" 							
	at the top of page 1 of this statement and continue with this state		тие арри	cable commune	препо	id is 3 years		
	Part III. APPLICATION OF § 1325(b)(3) FOR D	ETERMINING DIS	POSABL	E INCOME				
18	Enter the amount from Line 11.				\$	5,915.48		
19	Marital Adjustment. If you are married, but are not filing jointly w any income listed in Line 10, Column B that was NOT paid on a reg debtor or the debtor's dependents. Specify in the lines below the bas payment of the spouse's tax liability or the spouse's support of perso dependents) and the amount of income devoted to each purpose. If n separate page. If the conditions for entering this adjustment do not a b. \$\frac{a}{b}\$. \$\frac{b}{c}\$. \$\frac{s}{c}\$.	ular basis for the house is for excluding the Cons other than the debto ecessary, list addition	sehold expolumn B is or or the contract.	penses of the ncome(such as lebtor's				
	Total and enter on Line 19.							
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from I	ine 18 and enter the r	esult		\$	0.00		
20	3 20 20 (%)(%). Subtract Line 17 Holli 1	10 and enter the f			\$	5,915.48		

21	Annua enter th	20 by the number 12 and	\$	70,985.76				
22	Applicable median family income. Enter the amount from Line 16.							95,358.00
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.						\$	
23		e amount on Line 21 is more 25(b)(3)" at the top of page					ined ur	nder §
		e amount on Line 21 is not 25(b)(3)" at the top of page						
		Part IV. CA	ALCULATION ()F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: De	eductions under Star	ndaro	ls of the Internal Reve	enue Service (IRS)		
24A	Enter i	nal Standards: food, appar n Line 24A the "Total" amo able household size. (This i ptcy court.)	ount from IRS National	Stand	ards for Allowable Living	Expenses for the	\$	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.							
	Household members under 65 years of age				sehold members 65 years	of age or older		
	a1.	Allowance per member		a2.	Allowance per member			
	b1.	Number of members		b2.	Number of members			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Utilitie	Standards: housing and ut ss Standards; non-mortgage ele at <u>www.usdoj.gov/ust/</u> o	expenses for the application	able c	ounty and household size.		\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/rent Expense \$ b. Average Monthly Payment for any debts secured by your							
	home, if any, as stated in Line 47 \$							
	-	Net mortgage/rental expens			Subtract Line b fr		\$	
26	25B do Standa	Standards: housing and ut bes not accurately compute ords, enter any additional and tion in the space below:	the allowance to which	you a	e entitled under the IRS F	Housing and Utilities		

27A						
	If you checked 0, enter on Line 27A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ (\$				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) \square 1 \square 2 or more.					
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line result in Line 28. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47 c. Net ownership/lease expense for Vehicle 1	\$ \$ Subtract Line b from Line a.	\$			
29	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 2, as stated in Linthe result in Line 29. Do not enter an amount less than zero.					
	 a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 	\$ \$ Subtract Line b from Line a.	\$			
30	Other Necessary Expenses: taxes. Enter the total average monthly estate, and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sales	come taxes, self employment taxes, social	\$			
31	Other Necessary Expenses: mandatory deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volumes.	retirement contributions, union dues, and	\$			
32	Other Necessary Expenses: life insurance. Enter total average mon- life insurance for yourself. Do not include premiums for insurance any other form of insurance.		\$			
33	Other Necessary Expenses: court-ordered payments. Enter the total pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.		\$			
34	Other Necessary Expenses: education for employment or for a phy the total average monthly amount that you actually expend for education that is required for a physically or mentally challenged depoproviding similar services is available.	ion that is a condition of employment and for	\$			
35	Other Necessary Expenses: childcare. Enter the total average month childcare - such as baby-sitting, day care, nursery and preschool. Do		\$			

36	Other Necessary Expenses: health care. Enter the care that is required for the health and welfare of your paid by a health savings account, and that is in expayments for health insurance or health savings	\$				
37	Other Necessary Expenses: telecommunication s actually pay for telecommunication services other t pagers, call waiting, caller id, special long distance welfare or that of your dependents. Do not include	\$				
38	Total Expenses Allowed under IRS Standards. 1	Enter the total of Lines 24 through 37.	\$			
	Subpart B: Add	ditional Living Expense Deductions				
	Note: Do not include any	expenses that you have listed in Lines 24-37				
		Ith Savings Account Expenses. List the monthly expenses in sonably necessary for yourself, your spouse, or your				
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39		\$			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:					
40	Continued contributions to the care of household expenses that you will continue to pay for the reason ill, or disabled member of your household or member expenses. Do not include payments listed in Line	\$				
41	Protection against family violence. Enter the total actually incur to maintain the safety of your family applicable federal law. The nature of these expense	\$				
42	Standards for Housing and Utilities, that you actual	lly amount, in excess of the allowance specified by IRS Local lly expend for home energy costs. You must provide your case ses, and you must demonstrate that the additional amount	¢			
43	Education expenses for dependent children unde actually incur, not to exceed \$137.50 per child, for school by your dependent children less than 18 yea documentation of your actual expenses, and you necessary and not already accounted for in the I	\$				
44	Additional food and clothing expense. Enter the t expenses exceed the combined allowances for food Standards, not to exceed 5% of those combined allow or from the clerk of the bankruptcy court.) You mureasonable and necessary.	\$				
45	Charitable contributions. Enter the amount reason contributions in the form of cash or financial instru 170(c)(1)-(2). Do not include any amount in exce	\$				
46	Total Additional Expense Deductions under § 70	77(b). Enter the total of Lines 39 through 45.	\$			

			Subpart C: Deductions for De	ebt 1	Payment			
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Creditor Property Securing the Debt Average Does payment Monthly include taxes Payment or insurance							
	a.			\$. 1 . 4 1 1 7 .	□yes □no	¢	
Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.								
		Name of Creditor	Property Securing the Debt		1/60th of t	he Cure Amount		
	a.					Γotal: Add Lines	\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33.							
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. [a. Projected average monthly Chapter 13 plan payment. \$							
51	Tota	l Deductions for Debt Payme	nt. Enter the total of Lines 47 through 5		•		\$	
			Subpart D: Total Deductions		n Income		Ψ	
52	Tota	l of all deductions from incor	ne. Enter the total of Lines 38, 46, and	51.			\$	
		Part V. DETERM	INATION OF DISPOSABLE	INC	OME UNDE	ER § 1325(b)(2)		
53	Tota	l current monthly income. E	nter the amount from Line 20.				\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability							
55	wage	ified retirement deductions. s as contributions for qualified from retirement plans, as spec	Enter the monthly total of (a) all amound retirement plans, as specified in § 541(cified in § 362(b)(19).	ts wi b)(7)	thheld by your e and (b) all requi	mployer from ired repayments of	\$	
56	Tota	l of all deductions allowed ur	nder § 707(b)(2). Enter the amount from	ı Lin	e 52.		\$	

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable.						
57		Nature of special circumstances	Amount of Expense				
	a.		\$				
	b.		\$				
	c.		\$				
			Tot	al: Add Lines	\$		
58	Total result	adjustments to determine disposable income. Add the amounts or	Lines	54, 55, 56, and 57 and enter the	\$		
59	Mon	hly Disposable Income Under § 1325(b)(2). Subtract Line 58 from	Line 5	33 and enter the result.	\$		
		Part VI. ADDITIONAL EXPE	NSE	CLAIMS			
	Other Evnenses List and describe any monthly expenses not otherwise stated in this form, that are required for the health and welfare						

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60

61

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c and d	\$

Part VII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)

Date: September 17, 2008 Signature: /s/ Antonio D. Robinson

Antonio D. Robinson

(Debtor)

Date: September 17, 2008 Signature /s/ Rene L. Robinson

Rene L. Robinson

(Joint Debtor, if any)